NOSE.

BANDLER (Prague).—**On Spontaneous Epistaxis.** *Präger Med. Wochenschr.*, No. 21, 1887.

THE author has examined fifty-four patients with epistaxis by means of the Duplay speculum. In thirty-seven positive results were obtained. The affection lasted in cases observed for two days to ten years. There was always a little hyperæmic spot or varicose veins in the anterior portion of the septum; sometimes a little excoriation. These places bleed spontaneously, or on slight wounding, such as the application of the speculum or the probe. They were most effectually treated by the galvano-cautery, or by nitrate of silver. In three cases in which the epistaxis was evidently caused by a morbus cordis, local treatment was followed by improvement or recovery.

MICHAEL.

POOLE, G. K.—Plugging the Posterior Nares. *Brit. Med. Jour.*, *June* 25, 1887.

THE use of an india-rubber catheter in place of Bellocq's canula is advocated. GREVILLE MACDONALD.

BRESGEN (Frankfurt o/M.).—**Short Remarks on the Swelling of the Nasal Mucous Membrane in the Prone Position.** *Dtsch. Med. Wochenschr.*, No. 17, 1887.

MANY observers, of whom the author is one, believe that only those who have a chronic rhinitis experience closure of the under half of the nose in the prone position. That is not caused, as usually is believed, by flow of blood to the deeper structures from gravity, but by nervous influence. MICHAEL.

CARLAS.—A Case of Rhinitis due to Occupation. *France Médicale*, *May* 12, 1887.

AMONG the accidents due to special occupations observed among the operatives engaged in manipulating arsenical products, hygienists have not omitted to point out the nasal lesions. It is especially prevalent with those who sift the powder in the dry stage, in the factories for manufacturing coloured paper; and sometimes also it is observed in artificial flower makers. The ulcerative rhinitis provoked by arsenical powder is absolutely identical in its course and evolution with that observed among operatives in chrome. It is the same mechanism, the same process, with this difference, that the corrosion of the mucous membrane and the necrosis of the cartilage advances much more rapidly with the chrome

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than with the arsenic workers. In arsenical rhinitis, when there is ulceration, it is always at the anterior extremity of the inferior turbinated bone and the projecting fold formed by the extreme edge of the ala. Then follow observations on a patient employed in a manufactory of arsenical colours who presented lesions more serious than usual—viz., complete destruction of the septum; wide, not very deep, ulcerations of the left turbinated bones; the edges of the vomer eroded at points of superficial necrosis; and at many points in the higher regions the probe encountering bone beneath the ulcerated spots. The author concludes with remarks on the differential diagnosis between the affection under consideration and syphilis and scrofula of the nose. JOAL.

HUNT, MIDDLEMASS (Liverpool).—**Two Cases Illustrating the Diagnosis and Treatment of Foreign Bodies in the Nose.** *Glasgow Med. Jour., March*, 1887.

THE first case was that of a cherry-stone impacted about the middle of the lower turbinated bone on the right side, and obscured by mucus. It was easily removed by bending the point of an ordinary probe, and passing it behind the obstructing body. The patient, a boy of four years, presented the symptoms of strumous ozœna, which disappeared on the removal of the foreign body.

The second case occurred in a child 2½ years old, who presented the symptoms of nasal obstruction without fœtor. This was found to depend upon the impaction of one-half of a damson stone. The foreign body was removed by forceps.

The author concludes his short notes by laying down a set of rules for the guidance of the surgeon in such cases. He rightly advocates thorough cleansing of the nares, examination by means of the nasal speculum and mirror, not to douche through the opposite nostril (on account of the risk of fluid entering the middle ear by the drawing back of the current on the obstructed side), and to carefully extract the foreign body either by forceps or by passing behind it a bent probe. The local use of cocaine is recommended.

HUNTER MACKENZIE.

BERRUECO, JOAQUIN.—Nature of Nasal Polypi and their Treatment. *Anales de Otolog. y Laringologia*, No. 3, 1887.

THE author complains of the want of accuracy shown in the study of different nasal tumours, and the error of denominating all of them as polypi, whatever their nature may be, as this gives rise not only to error of thought but also of treatment. He maintains, contrary to what is repeated in the books, that the greater portion of nasal polypi

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are sessile, so that certain modes of treatment, such as the ligature, are impracticable. Mucous polypi, on reproducing themselves, are transformed into fibrous, and occasionally into telangiectatic tumours. He considers electrolysis useful only in the smallest benign tumours, and has never seen a favourable result from intra-parenchymatous injections. He recommends avulsion, since it is performed with the greatest ease and rapidity, and prolongs the interval before recurrence. RAMON DE LA SOTA.

VERDÓS, PEDRO.—A Case of Nasal Polypus with Perforation of the Maxilla. *Revista de Laringologia, Otologia, y Rinol., May*, 1887.

THIS case shows how great and dangerous operations can be replaced by other less hazardous methods. A woman of forty-four, for twelve months had experienced difficulty in breathing through the nose. A mucous and subsequently purulent discharge with pain supervened. This discharge became sanious and fœtid, notwithstanding antiseptic irrigations. At the end of a few months there appeared, under the inferior orbital border, an œdematous swelling, which producing continuous weeping, extended to the inferior eyelid, which in turn ulcerated and gave issue to a moveable fibrous and insensitive tumour. The right nasal cavity was occupied by a fibrous tumour, resistant and resembling the tumour in the orbital fossa. No other treatment was permitted than avulsion. This occupied several sittings and a cure was obtained. Only a scar was left.

RAMON DE LA SOTA.

JARVIS, W. C. (New York).—**A Novel System of Operating for the Correction of the Deflected Septum, by means of an Electric Motor, Nasal Drills, and an Original Spray-producing Device.** *N. Y. Medical Record, April* 9, 1887.

JARVIS has abandoned the cumbersome, awe-inspiring treadle surgical engine for the electric motor. Of all motors, the "C. and C." is the best for the purpose, a single quantity cell furnishing sufficient electromotive force for any ordinary nasal operation. The battery employed is a modification of Bunsen's cells, a plunge, and a gravity battery. Jarvis insists on the employment of *small* nasal drills, and has invented a number of such contrivances, which, together with the other appliances necessary to the operation and his illustrative cases, are described in full in the original article. Those who are about to use this method will find many valuable hints in the excellent paper of Dr. Jarvis. J. N. MACKENZIE.

SCHAUS.—On Curvation of the Nasal Septum. *Langenbeck's Archiv.*, Bd. 35, Heft. 1, p. 151.

IN most cases of this malformation the author found a difference in

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the extent of the cavity of both choanæ. He could accurately gauge this difference by digital examination under narcosis. Sometimes an exostosis of the vomer can be mistaken for curvation of the septum. This malformation is often combined with a crooked formation of the whole skull. The examination of 100 skulls showed that the position of the teeth and the form of the palate is often changed by a curved septum; the palate is often especially smaller and much more curved than in normal cases. This may be caused by synostosis of the sutures of the palate. The same deformation of the palate is often found in combination with adenoid vegetations. The interesting statistical details must be studied in the original.

MICHAEL.

BETTMAN, B. (Chicago).—**Ocular Troubles of Nasal Origin.** *Journal of the Am. Med. Association, May* 7, 1887.

DETAILED report of six cases, in which epiphora, conjunctivitis, photophobia, and pain above the eyes were due to nasal disease, and dissipated on treatment of the nose. Dr. Bettman prefers the galvano-cautery, making three or four applications in a single sitting. Applications restricted to the anterior end of the inferior turbinated bone frequently failed in procuring relief, and in such cases a swelling of the posterior parts of the inferior turbinated bodies was found. The author refers to the monograph of Hack, to the sensitive area of the reviewer, and to the observations of Sajous, and incorrectly states that the erectile nasal tissue was first discovered and described by Kohlrausch and Voltolini. Finally the necessity for examining the nose in obscure eye cases is insisted on. J. N. MACKENZIE.

BROWNE, LENNOX (London).—**Reflex Association of the Eye and Nose in Disease.** *Brit. Med. Journ., May* 28, 1887.

IN 1885 a lady was suffering from severe and increasing glaucoma, iridectomy having been performed on one eye without benefit. The pain was intense. In 1886 she had double pneumonia, followed by asthma. Nasal polypi being subsequently discovered were completely eradicated. In 1887 there was no recurrence; she had no return of the asthma (she had been residing in Jersey for nearly twelve months); the eyes were free from pain, and the sight had improved. There had been no treatment directed to the eyes, and the patient dated her improvement from the cure of the nasal disease.

BRESGEN (Frankfurt a/M.).—**Tuberculosis or Lupus of the Nasal Mucous Membrane of the Nose.** *Deutsch. Med. Wochenschr.*, No. 30, 1887.

A LADY, thirty-eight years of age, had a bleeding tumour seated on

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the left side of the nasal septum. The tumour was as large as a nut and covered with granulations. It was destroyed with chromic acid and the galvano-cautery. Some patches of lupus on the skin proved it to be lupus. The author believes that the cases published by Schäffer as tuberculous tumours of the mucous membrane of the nose are cases of lupus. (Why ?—Rev.) MICHAEL.

HARTMANN (Berlin).—**On Croup of the Nasal Mucous Membrane, Rhinitis Fibrinosa.** *Deutsch. Med. Wochenschrift*, No. 29, 1887.

THE author has treated six cases of this affection. The disease begins with fever, and like an acute coryza, on removal of the fluid secretion the croupous exudation can be seen on the mucous membrane. The removal of this membrane is followed by bleeding, and the membranes recur. All patients were cured within fourteen days. MICHAEL.

WEHMER (Frankfurt-on-Oder).—**On Nasal Diseases combined with Coryza, with Special Review of their Treatment.** *Deutsch. Medicinal Zeitg.*, 1887, No. 61.

A GOOD review of the subject. MICHAEL.

THOMAS, J. D.—Sarcomatous Tumour Removed from Naso-Pharynx. *Australasian Medical Gazette, April*, 1887.

THE patient, a girl fourteen years of age, complained of deafness in left ear, and inability to breathe through the nostrils, the left being specially blocked. By aid of the rhinoscope a growth was seen occupying the post-nasal space, growing from the roof of the naso-pharynx. Repeated attempts were made to remove it piecemeal, both by nose and naso-pharynx, but this being tedious and unsatisfactory, she was latterly placed under the influence of ether, and with patient in the "hanging-head" position, the base of the tumour was seized with Woakes' forceps, and after a few vigorous wrenches the entire mass was removed. The weight of the growth, which was attached by a short tough pedicle, was a little over 90 grains. J. W. D.

ROE, J. O. (Rochester).—**The Deformity termed "Pug Nose," and its Correction by a Simple Operation.** *The Medical Record, June* 4, 1887.

THIS deformity is due to—(1) excessive development of the alæ and cartilaginous portions of the end of the nose; (2) a lack of sufficient development, or a sunken or flattened condition of the base and bridge of the nose, while the end of the nose may be but normally developed; (3) the combination, to a greater or lesser degree, of these conditions. This latter is the most usual. The normal

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development of the end of the nose, while the bridge (which at birth is nearly level with the face) remains in its infantile condition, will give the nose a "snubbed appearance." Heredity and obstructed nasal respiration causing a vacuum in the naso-pharynx and drawing-in of the cartilages are the commonest etiological factors. This obstruction is usually accompanied with overgrowth of the end of the nose and congestion of this part. Snub-nose may also be caused by injuries to the bridge, or necrosis of the nasal bones, especially the vomer. The operation is performed thus: The interior of the end of the nose is cocainized (general anæsthesia is not necessary) and brightly illuminated. If the tissue is to be removed from that part where the mucous membrane is not too firmly adherent, the membrane should be dissected back, to be replaced after the operation. The end of the nose is turned upward and backward and held with a retractor by an assistant, and sufficient superfluous tissue is dissected out to allow the nose to conform to the shape desired. Too much tissue must not be removed, and the skin must not be cut, so as not to leave a scar. No after-treatment is necessary in some cases; in others a splint may be moulded to the shape of the nose. When the deformity is due to malformations of the cartilages of the alæ bulging outwards, with corresponding inside concavity, the cartilages may be cut through, so as to destroy their elasticity, with a small tenotomy knife, and the whole enclosed in a splint made by inserting a silver or hard rubber tube into the nostril, and conforming the saddle to the outside. The author has operated successfully on five cases.

KILLIAN (Freiburg-in-Baden).—**Remarks on Adenoid Vegetations and their Removal with Hartmann's Curette.** *Deutsch. Med. Wochenschr.*, No. 25, 1887.

THE author has very frequently operated with this instrument, and has always been content with the results. MICHAEL.

BRESGEN (Frankfurt a/M).—**The so-called Pharyngeal Tonsil, its Diseases and Treatment.** *Deutsch. Med. Wochenschr.*, No. 5.

TORNWALDT (Danzig).—**The Question of the Bursa Pharyngea. Answer to Dr. Maximilian Bresgen's essay, "The so-called Pharyngeal Tonsil, its Diseases and Treatment."** *Deutsch. Med. Wochenschr.*, No. 23, 1887.

BRESGEN (Frankfurt a/M).—**Reply to Tornwaldt's Answer.** *Deutsch. Med. Wochenschr.*, No. 23, 1887.

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SCHWABACH (Berlin).—**The Question of the Bursa Pharyngea.** *Deutsch. Med. Wochenschr.*, No. 27, 1887.

FOUR polemical papers concerning the bursa pharyngea, but only of personal interest to the authors. MICHAEL.

LARYNX.

PICHEVIN. — **Anæsthesia and Tracheotomy.** *Gaz. des Hôp.*, 4 *and* 11, *June*, 1887.

THE following are the conclusions arrived at by this writer, in respect of the recent discussion at the Société de Chirurgie (see this Journal, pp. 192 and 231).

1. Chloroformization seems to be the usual practice abroad (*i.e.*, in all countries except France) when it is desired to open the laryngo-tracheal passages.

2. Anæsthesia is not as dangerous as might be thought; it has the advantage of calming laryngeal spasm, and suppressing agitation on the part of the patient.

Anæsthesia is indicated—(1) in the operation of tracheotomy; (2) in cases of foreign bodies in the absence of extraction; (3) when the surgeon fears inability to keep his patient quiet; (4) when the thickness of the soft parts to be cut through is considerable; when the larynx is steadied with difficulty; the prominent regions are not well determined; (5) lastly, and above all, when one has not at disposition a sufficient number of intelligent assistants. JOAL.

AUDRY.—**Tracheotomy in a Case of Œdematous Laryngitis of Tubercular Nature.** *Société Méd. de Lyon, March*, 1887.

THE subject survived three months, and succumbed to numerous hæmoptyses. Audry exhibited the larynx, which showed deep and extensive lesions. The canula was removed on the tenth day after the operation, and the wound healed without any tracheal contraction. JOAL.

SMITH, S., and WALDO.—**Three Cases of Intubation of the Larynx.** *Lancet, June* 18, 1887.

THE authors conclude by remarking that in each of the cases they would have been absolutely compelled to perform tracheotomy had not intubation been substituted. Their object is rather to show that intubation of the larynx is in some cases attended with perfectly satisfactory results, but yet has dangers of a somewhat more serious character than some recent writers would lead one to suppose.

GREVILLE MACDONALD.

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